



## DOH OTEP APPROVAL REVIEW CHECKLIST

Agency \_\_\_\_\_ Agency # \_\_\_\_\_ Evaluator \_\_\_\_\_

Meets OTEP Requirement	Y/N or N/A	Comment
Annual CPR & airway mgmt./defibrillation		
Annual spinal immobilization		
Annual patient assessment		
Cert. Period - Infec. Disease		
*Cert. Period - Airway/Vent		
Cert. period - Cardiovascular		
Cert. period - Medical/Behav.		
**Cert. Period - Trauma		
Cert. period -OB/Ped Topics		
Cert. period -Operations		
Cert. Period - Pharmacology appropriate to topic/cert. level		
* Includes intensive airway training (see Airway/Vent above)		
** Includes intensive IV training (see Trauma above)		
Includes required pediatric objectives in topic content		
Includes DOH training updates when required		
Identifies source of lesson topic content		
Includes knowledge and/or skills evaluated for each session		
Considers remedial training.		
# ILS/ALS skill maintenance contained within OTEP		
Certified EMS Providers		
DOH approved Evaluators		
Completed OTEP Application		

# Not required for an approved OTEP plan, however, skill maintenance must be completed for renewal of certification.